

**STATE OF IDAHO**  
**BUREAU OF OCCUPATIONAL LICENSES**  
**1109 Main Street, Suite 220**  
**Boise, Idaho 83702-5642**  
**(208) 334-3233**

**PROFESSIONAL EXPERIENCE REFERENCE**

Candidate \_\_\_\_\_ has applied for a license to practice Architecture in the State of Idaho. The Idaho Board of Architectural Examiners requires information from you in order to evaluate the character, training, and experience of the candidate. Please complete this form and return it directly to the address noted above. Please provide all information requested. Incomplete information will delay the processing of the applicant's file. (Please type or print.)

1. Your Name \_\_\_\_\_

2. Firm Name \_\_\_\_\_

3. Address \_\_\_\_\_  
Street/PO Box City State Zip

4. Your license # \_\_\_\_\_ State issuing license \_\_\_\_\_

5. How long have you known the candidate: \_\_\_\_\_ years \_\_\_\_\_ months

6. Indicate your knowledge of the candidate's:

	Thorough Knowledge	General Knowledge	Little Knowledge
Training	_____	_____	_____
Work Experience	_____	_____	_____
Abilities	_____	_____	_____
Professional Ethics	_____	_____	_____

7. How have you obtained your knowledge of the candidate? (attach additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Based on your knowledge of the candidate, evaluate the quality of the candidate's performance (attach additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you believe, on the basis of ethical conduct, personal character, technical competence, and professional judgment, the candidate is a credit to the profession of architecture? [ ] Yes [ ] No  
(If No, please explain on a separate sheet.)

10. Do you have any reservations, not previously mentioned, about fully recommending this candidate for licensure as an Architect? [ ] Yes [ ] No  
If Yes, please explain on a separate sheet.)

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
date